Sterilization by Cautery Stricture at the Intra-uterine Tubal Openings.—DICKINSON (*Surg., Gynec. and Obst.*; August, 1916) describes a method which he had devised and employed for sterilization which avoids direct surgical interference. It must first be ascertained that the patient is free from any condition which requires hysterectomy. The time chosen is from seven to ten days after a period. With the patient upon the back and the Sims speculum in place, the anterior lip of the cervix is seized by tenaculum forceps and held steady. From 5 to 10 minims of a 10 per cent. solution of novocain in adrenalin solution are then injected into the uterus and held there under pressure for a few seconds. Ten minutes are allowed for the anesthetic effect. The uterine canal is then wiped with Churchill's tincture or pure carbolic acid. The ordinary uterine sound, thoroughly sterilized, is then introduced and passed to the fundus and turned sidewise to find the cornu, and the exact distance of the cornu is noted. The cautery sound is then bent to fit the uterine sound, and has its slide pushed up so that the portion of the sound remaining exposed exactly equals the measurements of the uterine cavity already made by the sound. The cautery sound has a platinum point which can be heated by an electric current. When this is turned on the sound is applied against the cervix in plain sight, and the time is noted required to burn into the tissues enough to bury the platinum wire. The current is then turned off, the sound allowed to cool, and passed into the uterus to the cornu, then the current is turned on and the tissues at the cornu are cauterized by the heated platinum wire. Very little discomfort usually follows this application and the same procedure is carried out on the opposite cornu. On the cervix a slough forms which separates, leaving a clean granulating wound and this serves as an index of what is going on within. About three or four months after this procedure the patient may be examined by the roentgen-ray and a positive diagnosis made of closure of the tube by scar tissue. The writer describes similar procedures in other portions of the body where cauterization has been useful, and reasons by analogy that it will bring about the desired result where sterility is the object in view.

Hemolytic Anemia in Pregnancy.—In the *Ztschr. f. Geburtsh. und Gynäk.*, 1916, lxxi, No. 1, ESCH contributes an extensive paper upon this subject. In all he reports 6 cases, 3 of whom died. In three of the patients there was hemorrhage in the retina, and in three the spleen was enlarged. This disease differs essentially from true pernicious anemia although when the blood is examined the results resemble those obtained in pernicious anemia. This develops in the second half of pregnancy, and is essentially a destructive process in the blood. Probably the resisting power normally present in the red corpuscles is greatly reduced or there is a great exaggeration in the natural physiological processes of hemolysis. Owing to the anemia these patients lack oxygen greatly and are partly anesthetized with carbon dioxid as a result. When in labor these patients seem to suffer much less than others. When they begin to improve their progress is rapid and there is usually no return of the anemia. In most cases pregnancy terminates prematurely in spontaneous labor and these patients do not improve until after delivery. The prompt termination of labor is usually the

best treatment and most of the children are lost as they have little power of resistance. Arsenic is the best remedy for this form of anemia. In 5 cases intramuscular injections of blood were given. Two patients seemed much improved after several injections; one had eight in all, 440 c.c. of defibrinated blood, the hemoglobin increase from 9 to 22 per cent. with corresponding improvement in other ways.

Pressure on the Brain as a Cause of Eclampsia.—ZANGEMEISTER (*Ztschr. f. Geburtsh. und Gynäk.*, 1916, lxxi, No. 1) believes that the clinical picture in cases of eclampsia points conclusively to pressure on the brain as the principle cause of convulsions; that treatment most successful in preventing and controlling eclampsia reduces the edema and irritation of the brain. When the uterus contracts the blood-pressure rises and adds to the pressure on the brain, and convulsions occur; on the contrary the blood directly relieves the condition.

Is the Operation of Cesarean Section Indicated in Breech Presentation?—MCPHERSON (*Am. Jour. Obst.*, November, 1916) has examined the records of 3412 cases of breech presentation and delivery among 97,000 confinements. An effort was made to ascertain accurately the cause of fetal mortality in these cases and to exclude all conditions which were not the abnormal presentation alone. As to the frequency of breech presentation, it is approximately 3 per cent. The mortality for the mother is practically that of uncomplicated spontaneous delivery when the head presents. In the series of cases studied the maternal mortality was 0.96 per cent. and was produced by placenta previa, chronic nephritis, chronic endocarditis, pneumonia, and other serious conditions. If these be excluded the mortality from the abnormal presentation only was 0.47 per cent. When the interests of the child are considered the death rate is about 10 per cent., and the difference in mortality between the children of primiparæ and multiparæ was practical nothing. McPherson criticises a recent paper whose author urges Cesarean section for breach presentation in primiparæ. When the cases reported were analyzed one had a submucous fibroid which would have prevented delivery through the vagina had the head presented. In the other case the pelvis was slightly contracted and it was thought that operation was safest for mother and child. While Cesarean section is not indicated for breech presentation only, it may be the safest method of delivery in some breech cases. In primiparæ at beyond the average age of childbirth and in whom the normal mechanism of labor does not develop the risk to the child in delivery in breech presentation is considerable, while the mother must sustain severe lacerations. If the child be large and well developed, in the interests of mother and child section is the safest procedure. So in justominor and rachitic pelves where breech presentation is present delivery by section is safest for mother and child.

Pregnancy Complicated by Pelvic Infection and Septicemia.—MOORE (*Am. Jour. Obst.*, November, 1916) reports the case of a rachitic negress who had a contracted pelvis and was delivered by Cesarean section. Three weeks after operation she developed multiple neuritis from which she finally recovered. In her second pregnancy she came